

Los Angeles County
Office of the Mental Health Commission 2010 Goal
“Special Report on the Aging Population”

WHEREAS, on June 5, 2009 the Los Angeles County Mental Health Commission met for their annual retreat to review their accomplishments of 2008-09 goals and to establish the 2009-10 goals. For the first time in its history, the **Commissioners unanimously voted to focus on aging for the year 2009-10; and,**

WHEREAS, the intent of this report is to identify the challenges in meeting the demand for mental health services with the older adults in Los Angeles County (County) and the challenges faced by mental health service providers to meet the demand; and,

WHEREAS, the older adult population in the County continues to grow more racially and ethnically diverse as the Baby Boomers reach age 65 by 2011. In the next 20-25 years, these groups and other underserved populations will constitute a majority according to a report by the United States Department of Health and Human Services; and,

WHEREAS, the County prepares for health care reform, the collaboration between the Department of Health Services (DHS) and the Department of Mental Health (DMH) can begin to put into place a plan to focus on a comprehensive approach to treatment for older adults. One approach to ensuring the scarce resources are used effectively would be to **negotiate with the mental health contracted agencies a requirement to articulate the integrity of services to aging, expertise and allocation of service providers.** This would lead to enhancing the quality of care and improving data collection of the mental health/health needs of the older adults in the County; and,

WHEREAS, a meeting with the Los Angeles County Fire Department revealed that there is a **high incidence of repeat calls to home bound older adults by paramedics;** and, there is an absence of a system to create a continuum of care after the first call to the paramedics is costly and avoidable; and,

WHEREAS, the Memorandum of Understanding (MOU) between DHS and DMH provides a multitude of opportunities to address many of the challenges identified above. This MOU offers **the prospect to meet the health and mental health needs of older adults, to train professionals, respond to the shortage of professionals and to participate in research in collaboration with the local universities in the field of aging.** This can be done without new funding by utilizing current resources such as the Workforce, Education, and Training (WET) program; and,

BE IT THEREFORE RESOLVED, that the Los Angeles County Mental Health Commission does hereby approve the process, review and final submission of the recommendations and actions contained in the attached report the Los Angeles County Board of Supervisors.

Respectfully submitted,

Larry Gasco, PhD
Chairperson

Los Angeles County Mental Health Commission

“Special Report on the Aging Population”

Executive Summary

On June 5, 2009 the Los Angeles County Mental Health Commission met for its annual retreat to review the accomplishments of 2008/2009 goals and to establish the 2009/2010 goals. For the first time in its history, the commissioners unanimously voted to focus on aging and underserved populations for the year 2009/2010.

The intent of this report is to identify the challenges in meeting the demand for mental health services with the older adults and underserved populations in Los Angeles County and the challenges faced by mental health service providers to meet the demand. The data were primarily obtained from Los Angeles County Department of Mental Health, Los Angeles County Mental Health contracted agencies, Non-county contracted mental health service providers, the Los Angeles County Area Agency on Aging and the City of Los Angeles Department of Aging. In addition, California State University, Long Beach, California State University, Los Angeles, Phillips Graduate Institute and the University of Southern California contributed to our findings.

The Commission went on to identify and set the 2009/2010 goals. It was decided that while the previous year's goals would continue to be worked on, the primary focus for 2009/2010 would be on aging and underserved populations. It is notable that older adults are designated as a priority population under the CA 1115B waiver and under federal health care reform.

The service providers were asked questions that help to identify the challenges they face in the provision of mental health services to the older adult population.

While the majority of the information obtained reflects the Latino older adult and responses and input from the First District, it is safe to assume that the information is applicable to older adults of all ethnic backgrounds from the 5 Supervisorial Districts seeking mental health services.

The older adult population in Los Angeles County continues to grow more racially and ethnically diverse as the Baby Boomers reach age 65 by 2011. In the next 20-25 years together many of these underserved populations will be a majority; according to report by the United States Department of Health and Human Services.

The enormous growth of this population poses some critical issues that we must be prepared to address if we are going to avert a crisis of major proportions. Medical advances have led to a longer life expectancy however; these advances have resulted in a change to chronic diseases and degenerative conditions.

Today, 6.6% (3 million) of all United States Latinos are 65 years of age or older. By 2050, it is expected to reach 20% (13.77 million). Currently in Los Angeles County 28% (452,081) of all Latino county residents are 60 years of age or older. By 2040 it is expected to rise to 49% (1,613,083). By 2030, more than 740,000 Los Angeles County Latinos will be 65 years of age or older.

Los Angeles County
Office of the Mental Health Commission 2010 Goal
“Special Report on the Aging Population”

WHEREAS, on June 5, 2009 the Los Angeles County Mental Health Commission met for their annual retreat to review their accomplishments of 2008-09 goals and to establish the 2009-10 goals. For the first time in its history, the **Commissioners unanimously voted to focus on aging for the year 2009-10; and,**

WHEREAS, the intent of this report is to identify the challenges in meeting the demand for mental health services with the older adults in Los Angeles County (County) and the challenges faced by mental health service providers to meet the demand; and,

WHEREAS, the older adult population in the County continues to grow more racially and ethnically diverse as the Baby Boomers reach age 65 by 2011. In the next 20-25 years, these groups and other underserved populations will constitute a majority according to a report by the United States Department of Health and Human Services; and,

WHEREAS, the County prepares for health care reform, the collaboration between the Department of Health Services (DHS) and the Department of Mental Health (DMH) can begin to put into place a plan to focus on a comprehensive approach to treatment for older adults. One approach to ensuring the scarce resources are used effectively would be to **negotiate with the mental health contracted agencies a requirement to articulate the integrity of services to aging, expertise and allocation of service providers**. This would lead to enhancing the quality of care and improving data collection of the mental health/health needs of the older adults in the County; and,

WHEREAS, a meeting with the Los Angeles County Fire Department revealed that there is a **high incidence of repeat calls to home bound older adults by paramedics**; and, there is an absence of a system to create a continuum of care after the first call to the paramedics is costly and avoidable; and,

WHEREAS, the Memorandum of Understanding (MOU) between DHS and DMH provides a multitude of opportunities to address many of the challenges identified above. This MOU offers **the prospect to meet the health and mental health needs of older adults, to train professionals, respond to the shortage of professionals and to participate in research in collaboration with the local universities in the field of aging**. This can be done without new funding by utilizing current resources such as the Workforce, Education, and Training (WET) program; and,

BE IT THEREFORE RESOLVED, that the Los Angeles County Mental Health Commission does hereby approve the process, review and final submission of the recommendations and actions contained in the attached report the Los Angeles County Board of Supervisors.

Respectfully submitted,

Larry Gasco, PhD
Chairperson

The Memorandum of Understanding (MOU) between the Department of Health Services (DHS) and the Department of Mental Health (DMH) provides a multitude of opportunities to address many of the challenges identified in this report. This MOU suggests ways to meet the health and mental health needs of older adults, to train professionals, respond to the shortage of professionals and to participate in research in collaboration with the local universities in the field of aging. This can be done without new funding by utilizing current resources such as the Workforce, Education and Training program.

As the County prepares for healthcare reform, the collaboration between DHS and DMH can begin to put into place a plan to focus on a comprehensive approach to treatment for older adults. One approach to ensuring the scarce resources are used effectively would be to negotiate with the mental health contracted agencies the requirement to articulate the integrity of services to aging, expertise and allocation of service providers. This would lead to enhancing quality of care and improving data collection of the mental health/health needs of the older adults in the community.

The collaborative effort by DMH with the local universities is mutually beneficial as research can provide data for different and new solutions to problems and outcomes of data. This is of particular importance as the County faces an increase in a culturally diverse population within its older adult population.

Los Angeles County Mental Health Commission

“Special Report on the Aging Population”

On June 5, 2009 the Los Angeles County Mental Health Commission met for their annual retreat to review their accomplishments of 2008/2009 goals and to establish the 2009/2010 goals. For the first time in its history, the commissioners unanimously voted to focus on Aging and Underserved populations for the year 2009/2010.

The intent of this report is to identify the challenges in meeting the demand for Mental Health services with the older adults and underserved populations in Los Angeles County and the challenges faced by mental health service providers to meet the demand. The data was primarily solicited from Los Angeles County Department of Mental Health, Los Angeles County Mental Health contracted agencies, Non-county contracted mental health service providers, the Los Angeles County Area Agency on Aging and the City of Los Angeles Department of Aging. In addition, California State University, Long Beach, California State University, Los Angeles, Phillips Graduate Institute and the University of Southern California contributed to our findings.

The service providers were asked questions (see Attachment A) that help to identify the challenges they face in the provision of mental health services to the older adult population.

While the majority of the information obtained reflects the Latino older adult and the sources from the First District, it is safe to assume that the information is applicable to older adults of all ethnic backgrounds from the 5 Supervisorial Districts seeking mental health services.

The Retreat

After reviewing the 2008/2009 goals it was determined that it had been extremely rewarding. The success of the Commission’s Public Hearings, “Connections for Life Conference,” and the overwhelming public appreciation for the Commission’s private screening of the “Soloist.” The Commission discussed how the Mental Health Services Act related activities have increased the responsibility of the Commission and; therefore, staff. The Commission has petitioned for an increase in the level of staffing to accommodate the needs of the Commission. Funding and budget continue to be major concerns for the Commission, but this has not diminished the committed spirit of the Commissioners.

The Commission went on to identify and set the 2009/2010 goals. It was decided that while the previous years goals would continue to be worked on, the primary focus for 2009/2010 would be on aging and underserved populations and how these might be affected by the newly created Federal Health Care legislation.

The State of Aging and Underserved Populations

The older adult population in Los Angeles County continues to grow more racially and ethnically diverse as the first Baby Boomers reach age 65 by 2011. In the next 20-25 years a lot of these underserved populations will be a majority; according to report by the United States Department of Health and Human Services.

The enormous growth of this population poses some critical issues that we must be prepared to address if we are going to avert a crisis of major proportions. Medical advances have led to a longer life expectancy however; these advances have resulted in a change to chronic diseases and degenerative conditions. Some of the critical issues are quality of healthy life issues, lack of resources to manage assistive services of various types (e.g. Alzheimer's), early education for the aging and their family, creating a system of resources for the aging who wish to remain in their home with services, a system for advanced planning for the stages of aging and promotes self determination.

In 2005, there were an estimated 4.8 million Latino residents living in Los Angeles County. More than 242,000 were older Latinos over the age of 65.

Today, 6.6% (3 million) of all United States Latinos are 65 years of age or older. By 2050, it is expected to reach 20% (13.77 million). Currently in Los Angeles County 28% (452,081) of all Latino county residents are 60 years of age or older. By 2040 it is expected to rise to 49% (1,613,083). By 2030, more than 740,000 Los Angeles County Latinos will be 65 years of age or older. (2)

The aging population comes with multiple problems. As we age, Los Angeles County is faced with very complex problems associated with health in general and mental health in particular. This report will attempt to provide a summary of its findings and recommendations to prepare to serve our older adults as the population grows.

Department of Mental Health Programs for Older Adults

The Department has worked diligently to meet the demands by working with the stakeholders, contract agencies, non-county contracted agencies, the county Area Agency on Aging, The City Department of Aging, and the major universities and with the Department of Health Services.

While the leadership of the Department of Mental Health has skillfully collaborated with these essential groups and has attempted to utilize MHS dollars to address the mental health needs of the county, the economic downturn, the state cuts, and in general, the lack of mandated funding serves as major barriers to meet the demands of this growing population.

Method

In an effort to get a better understanding of the barriers to the service providers, several major older adult service providers were identified and interviewed. They were invited to identify their barriers to service provision and recommendations on how to set about creating a resolution by collaboration and in the absence of money. The following organizations participated in this survey.

The Los Angeles County Department of Mental Health

Older Adult Systems of Care Bureau

Contracted Agencies:

ENKI Health and Research Systems

Pacific Clinics

Non-County Contracted Agencies

Alta Med Health Services

Heritage Clinic

Human Services Association

Huntington Hospital, Senior Care Network

Partners In Care Foundation

The Los Angeles County Senior and Community Services, Area Agency on Aging

The Los Angeles County Fire Department

The Los Angeles City Department of Aging

Universities

California State University, Long Beach Department of social work

California State University, Los Angeles, Department of social work

Philips Graduate Institute, Marriage and Family Therapy Program

University of Southern California, School of social work

Beginning in January 2010 a representative from each segment of the above service providers and the major universities gave a formal presentation to the Commission.

Summary of findings

The Los Angeles County Department of Mental Health, Older Adult Systems of Care Bureau provided the Commission with an extensive description of the services and data that support the need for older adult services. They identified Stigma and discrimination (stereotyping) as major challenges to service provision. They provided the following recommendations to address these issues:

- Consultation
 - Training
 - Advocacy
 - Creation of an Advisory Board
- } Baby Boomers

The Department of Mental Health works closely with the Commission by providing opportunities for exchanges of ideas and the implementation of practices that enhance the advancement toward overcoming the challenges.

County Contracted Agencies

Two (2) County contracted mental health agencies were interviewed and brought to light a variety of challenges that in some instances were unique to their communities/organizations. However, there were some issues they shared in common.

Challenges:

- FSP Funding too rigid with age groups which leads to referrals to other clinics
- Low interest in staff to work with aging populations
- Stigma with aging population
- Lack of public awareness of older adult issues
- Traditional mental health system not conducive for the older adult population.
- Need experienced Latino bilingual professional staff in the field of aging.
- DMH does not allow re-imbursement for seniors in HMOs.
- Internships
 - Need new graduates with mental health and geriatric education
 - Need understanding of aging culture
 - Decrease in funding limits the number of clients admitted. This leads to limited opportunities for students
 - Staff turnover leads to loss of investment of training staff to work with the older adult population

Recommendations

- Public Service Announcements
 - Engage the entertainment industry
- Formal Memorandum of Understanding (MOU) with Aging programs
- Decrease the mechanism/system to justify service provision
- Flexibility to spend dollars
- Jobs with good pay.
- DMH trainings to focus on Aging
 - Website resources need improvement

Non-County Contracted Agencies

Four (4) non-county contracted Senior Service Agencies were interviewed and they raised common concerns as well as unique issues to their organizations.

Challenges:

- Keeping well trained staff
- Huge cohort shift with the increase of Baby Boomers, service requirement is less severe
- Duplication of services among service providers

- Effective Billing
- Lack of resources. DMH not user friendly
- Paper work to create linkage with DMH too extensive/cumbersome
- Third party referrals prevent linkage for client and DMH
- Funding sources in silos make it difficult to access if not in that specific arena.
- Shortage of bilingual (Latino) professionals in aging
- Difficulty connecting seniors if 59 years of age.
- Limited access to information regarding county programs and MHSA
- Health benefit cuts for seniors lead to lack of care
- Share of cost in Medi-Cal ratio/cuts disqualify older adults for needed benefits.
- County contracts too laden with language. County doesn't understand contracts, agreements/service provision; don't provide technical assistance. e.g. State/county agreements.
- Timely communication is a problem
- Demand for services to the uninsured
- Shortage of professionals trained to work with older adults leads to service provision by professionals trained with other populations. e.g. children

Recommendations:

- Identify experts to lead older adult programs.
- DMH leadership should have a Certificate on Aging. Require at least one at each clinic.
- Cross train Prevention and Early Intervention staff on aging population issues
- County provide buildings for Senior Programs especially adult day care and include Multi-Purpose Senior Services Programs (MSSP) in DMH referral system.
- Disseminate information about organizations providing senior services
- Media campaign to inform the community about senior programs. e.g. multilingual public service announcement –KMEX
- Media promotion against aging perception
- Have a DMH designee, trained on aging issues, who would cover all service areas to provide easier access to DMH
- Loan repayment programs
- Provide more collaboration with other than contract partners, effective MOUs
- Universal intake form
- Advocate to dispel the myth that dementia is a major issue of Aging

After reviewing and summarizing the many concerns and recommendations expressed by senior service providers, the shortage of bilingual professionals trained to work with the aging populations continues to be identified as a barrier to providing senior services. In an effort to understand why this remains a problem, four (4) major universities were interviewed to discuss what they are doing to recruit and train professionals in the field of aging (see Attachment B). They were asked to identify their challenges and to make

recommendations to address those challenges with collaborations and in the absence of money.

Challenges:

- DMH funding for students (interns) cut by ½
- Agencies to provide social work internships
- Untrained professionals used to supervise interns in the field of aging.
- Student ageism; focus on children and families
- More dollars available in other concentrations; children
- Finding jobs after graduation
 - Apathy by politicians in funding aging programs during poor economic times.
 - Lower wages
- Faculty recruitment
- Low applications for aging

Recommendations:

- Outreach. Partnership between schools and the County to focus on middle schools, high schools, college students and provide workshops on aging with consumers and professionals.
- Expand Centers of Excellence (GSWEC)
- Create incentives for infusion of Aging Students.
- Engage faculty in the recruitment efforts with DMH outreach
- DMH fund supervision for MSW interns.
- Funding for release time to recruit students
- Coordination of universities
 - Infusion of curriculum
 - Field internships
- Identified DMH certified geriatric practitioners to lead in advocating/promoting aging services.
- More intensive supervision of staff on aging
- Raise educational level of providers serving the frailest older adults
- Concerted continuum of care effort and identifying one phone number to obtain aging services/information.
- Loan forgiveness for those working with the geriatric populations
- One user friendly phone number to get information about MHSA programs; clearing house

A meeting with the Los Angeles County Fire Department revealed that there is a high incidence of repeat calls to home bound older adults by paramedics. In cases where hospitalization is required the older adult is transported to the nearest hospital for treatment. However, a common occurrence is that there is no follow-up with case management for the older adult after discharge. Consequently, paramedics are called repeatedly for non-emergency situations. The absence of a system to create a continuum

of care after the first call to the paramedics is costly and avoidable. Preliminary discussions initiated by the commission and DMH have taken place. However, difficulty-maintaining communication with the County Fire Department officials has delayed any progress to address these important concerns. The commission and DMH will continue to address this concern by other means in order to maintain quality of care for the seniors in our community.

Commission Recommendations:

While all the concerns identified above merit attention, it is unrealistic to expect to address all at the same time. Therefore, the following recommendations have been identified as having priority.

1. The Board of Supervisors takes a leadership role in promoting aging issues.
2. The Commission designates a liaison for the universities and DMH to focus on internships and research opportunities particularly integrating primary care and mental health care in the context of health reform.
3. The Commission continue briefings on aging issues
4. The Commission designates a liaison for DMH and the Los Angeles County Fire Department. to resume discussions for continuum of care for older adults after paramedic response.
5. The DMH require staff workforce training on aging and integrated treatment.
6. DMH allocate additional funding for GSWEC
7. DMH require leadership to obtain certification on aging and have at least one (1) at each clinic.
8. DMH require County contract agencies to articulate the integrity of services to aging, expertise and allocation of service providers.
9. DMH require members of review panels to have expertise in aging.

Course of Action

The Memorandum of Understanding (MOU) between the Department of Health Services (DHS) and the Department of Mental Health (DMH) provides the opportunity to address many of the challenges identified above. This MOU offers the prospect to meet the health and mental health needs of older adults, to train professionals, respond to the shortage of professionals and to participate in research in collaboration with the local universities in the field of aging. This can be done without new funding by utilizing current resources such as the Workforce, Education and Training program.

As the county prepares for healthcare reform, the collaboration between DHS and DMH can begin to put into place a plan to focus on a comprehensive approach to treatment for older adults. One approach to ensuring the scarce resources are used effectively would be to negotiate with the mental health contracted agencies the requirement to articulate the integrity of services to aging, expertise and allocation of service providers. This would lead to enhancing quality of care and improving data collection of the mental health/health needs of the older adults in the community.

Whether the older adults are seen through the health or mental health system, a comprehensive assessment would enhance the quality of care for the older adult.

This comprehensive approach will create opportunities to provide field placements at both clinic locations similar to the County mental health contracted agencies. The availability of new field placements begins to address the shortage of trained professionals to serve the older adults in the community.

The collaborative effort by DMH with the local universities is mutually beneficial as research can provide data for different and new solutions to problems and outcomes as described by data. This is of particular importance as the County faces an increase in a culturally diverse population within its older adult population.

Contributors

Department of Mental Health

- Carlotta Childs-Seagle, LCSW
- Kathleen Kerrigan, RN, LCSW
- Kevin Tsang, LCSW, MBA
- Sarah Gelberd, MD
- James Cunningham, PhD

ENKI Health and Research Systems

- Heather Johnson, MFT Vice President Clinical Services
- Michael Zelman, PhD, Clinic Manager
- Tufia Steidle, PhD, Clinic Manager

Alta Med Health Services

- Marie Torres, PhD, Senior Vice President Government Relations & Community Research Initiatives
- Hugo Romo, MPH, Director of Care Management
- Nena Davis, Director of Grants and Development
- Warren D. Rogers, MSW, Social Work Supervisor

Heritage Clinic

- Cynthia L. Jackson, PhD, Executive Director

Human Services Association

- Diana Marquez-Siemers, LCSW
- Darrel

Huntington Hospital, Senior Care Network

- Eileen M. Koons, MSW, Director of Government Programs

Partners In Care Foundation

- W. June Simmons, President/CEO
- Anwar Zoueihid, Administrator of Direct Services
- Bonnie Shoemaker
- Sylvia Whitiker
- Aloyce Rachal, MS, Program Manager
- Eula Jordan, MAOM, Supervising Care Manager

The Los Angeles County Community and Senior Services, Area Agency on Aging

- Cynthia D. Banks, Director

The Los Angeles County Fire Department

- Jessie Vela, Battalion Chief, Director of EMS
- Sam Padilla, Captain, CERT Program Coordinator
- Christopher Thomas, Chief Technology Officer for Community Lifeport systems

The Los Angeles City Department of Aging

- Laura Trejo, MSG, MPA, General Manager, City of Los Angeles Department of Aging

California State University, Long Beach Department of Social Work

- John Oliver, PhD, Director
- Tom Crowe, LCSW, Coordinator of Field Education for the Aging and Family Concentration

California State University, Los Angeles, Department of Social Work

- Karin Elliott-Brown, PhD, Director

Philips Graduate Institute, Marriage and Family Therapy Program

- Jose Luis Flores, MA, MFT,

University of Southern California, School of Social Work

- Marilyn Flynn, PhD, Dean School of Social Work
- Debra Winters, LCSW, Coordinator of Field Education for Geriatric placements
- Maria Aranda, PhD, Principal Investigator, Program Mano Amiga

References

Barrio, Concepcion PhD, MSW, Palinkas, Lawrence A. PhD, Yamada, Ann-Marie PhD, Fuentes, Dahlia MSW, MPH, Criado, Viviana MPA, Garcia, Piedad EdD, Jeste, Dilip V. MD, Unmet Needs for Mental Health Services for Latino Older Adults: Perspectives from Consumers, Family Members, Advocates, and Services Providers, Community Mental Health Journal, February 2008

California Department of Finance. Data available at
<http://www.dof.ca.gov/research/demographic/data/race-ethnic//2000-50/>.

Kuo, Tony MD, MSHS, Villa, Valentine M. PhD, Aranda, Maria P. PhD, Trejo, Laura MSG, MPA, The State of Aging and Health Among Older Latins in Los Angeles 2009: Report from the Los Angeles Partnership for Evidence-Based Solutions in Elder Health

Mills-Dick, Leyy MSW, Simon, Jaimie BA. Gerontological Social Work Training: Facing the Future of an Aging California. American Society on Aging/National Council on Aging, April 5, 2002.

Minkler, Meredith DrPH & Odierna, Donna MS, California's Grandparents Raising Children: What the Aging Network Needs to Know As It Implements The National Family Caregiver Support Program, December 31, 2001

Scharlach, Andrew PhD, Chow, Julian, Giunta, Nancy MSW, Family Caregiving in California: Experiences Across Diverse Racial and Ethnic Groups. Joint Conference of the National Council on Aging and American Society on Aging, April 15, 2004

Scharlach, Andrew PhD, Simon, Jaimie BA, Dal Santo, Teresa PhD, Personnel Needs in Aging Services

Scharlach, Andrew PhD, Torres-Gil, Fernando PhD, Kaskie, Brian Strategic Planning Framework for an Aging Population, 1999

Scharlach, Andrew PhD, Dal Santo, Teresa PhD, Fox, Patrick, Chow, Julian, Kellam, Roxanne MA, Bhattacharjee, Tapashi, Giunta, Nancy MSW, Hele, Kris, Li, Wei, Ryan, Kristin, Tobin-Glazer, Kelly, Williams, Steven, Bockman, Sheldon, Sirotnick, Barbara, Neiman, Max, Service Needs of Ethnically Diverse Caregivers in California, Presentation at The 2003 National Council on Aging and American Society on Aging Joint Conference, March 15, 2003

Scharlach, Andrew PhD, Simon, Jaimie S. BA, Dal Santo, Teresa S. PhD. Aging of California's Baby Boomers: Implications for State Policies, Programs and personnel. Center for the Advanced Study of Aging Services.

Scharlach, Andrew PhD, Sirotnik, Barbara PhD, Bockman, Shel PhD,
Neiman, Max PhD, Ruiz, Christen MA, Dal Santo, Teresa PhD, A Profile of
Family Caregivers: Results of the California, Statewide Survey of Caregivers.
January 31, 2003

Vernellia R. Randall, Inequities in Access for Latino, Race, Health Care and the Law:
Speaking Truth to Power!
<http://academic.udayton.edu/health/01status/elderly01c.htm>

Attachments

Attachment A

Questionnaire for Service Providers

1. What percentages of your services are specifically targeted to the aging population?
2. How many staff do you have dedicated to working with the aging population?
3. Does that staffing pattern meet the demands of that population?
4. What are you doing to recruit staff to work with the aging population to meet the demand?
5. What are the obstacles in recruiting staff to work with the aging population?
6. How could the commission help your efforts to recruit qualified staff to work with the aging?
7. What could DMH do to help you recruit qualified staff to work with the aging?
8. Would there be any objection from you if the current funding required designation of staff to specifically work with the aging population?
9. Why?

Attachment B

Questionnaire for Universities

1. How many students do you have in the aging concentration?
2. What are you doing to recruit Students into the aging field?
3. What are the obstacles in recruiting students into the aging field?
4. How could the commission help your efforts to recruit students into the aging field?
5. What could DMH do to help you recruit students into the aging field?
6. Would there be any objection from you if the current funding (stipends) required designation of one slot specifically for Aging?
7. Why?